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that it satisfactorily settles the vexed questions so long waiting for clear and definite answer. We should all be thankful for the clearness of statement and carefulness of exposition which we now have presented to us. I wish to ask a single question. Is there anything in the nature of the light of the instrument by which a difference can occur in the vision of a single fine line under high magnification, from that of a series of fine lines, and is there, for instance, any difference in the attempt to bring out the flagellum of a bacterium from that of a series of equally fine parallel lines?

DR. BLACKHAM.—I would add a point on which Gov. Cox has not touched. It is hardly necessary to say to an audience like this that the retina is not a homogeneous sensory surface, but a number of very minute sensory points, the rods and cones separated by the pigment. If the image of a single line or point projected upon the retina falls upon one of these sensory points and the light is sufficient, we get a single sensation, and our consciousness becomes aware of the existence of a single line or point, and I think there is hardly a limit to the minuteness of a single line or point which can be seen as such under favorable circumstances; but if the image of two or more lines or points fall upon one and the same sensory point in the retina we only get a single sensation. In order to see two lines as two lines it is necessary that the two images should fall upon two different sensory points on the retina. It is thus quite possible that two lines, each of which can be easily seen alone, may be placed so close together that they can not be seen as two separate lines, or, to use the microscopical phrase, resolved.

## DIVISION OF LABOR AMONG MICROSCOPISTS, BY J. M. MANSFIELD.

(PAGE 43.)

DR. FELL endorsed the views expressed in the paper. He believed that if work was laid out for many of the members of the society, it would be carried on much more systematically, and the results would be more complete. Two or more members might be assigned a certain field of labor, and their reports compared at the meetings of the society. The value of the new standard micrometers would produce a uniformity in all measurements made, and in time the recorded results through such a system of procedure would be invaluable. Specialists in the use of the microscope are not any too plentiful in the field of microscopic labor here in America. They do better in Germany. He hoped that through the labors of the society order might be brought to come out of the somewhat confused condition of affairs which now prevails.

## CLINICAL ADVANTAGES OF OZONE AND ITS EFFECTS ON THE MICRO-ORGANISMS OF INFUSIONS, BY GEO. E. FELL, M. D.

(PAGE 69.)

DR. FRED. W. MERCER inquired of Dr. Fell whether the percentage of ozone was estimated for any given result.

DR. FELL replied that no estimates were made. He had placed the ozone apparatus in an aquarium from which the water had been removed, and which was covered partially with glass. Along side of the apparatus he placed the infusions, which were ordinarily prepared. They were then systematically examined, as were also the similar infusions, separate from the ozone, and the result recorded, ozone being heavier than the air insured a concentrated ozonized atmosphere.

DR. HAMLIN said that no principle of practice can be based upon observations that are not complete. Faith in the use of special treatments has been greatly shaken by recent practice. The doctor cited his own experience with carbolic acid. He became a slave to its use and had great confidence in it. He used it with successful results in diphtheria and scarlet fever, but was suddenly brought up with defeat in a family afflicted with scarlet fever, in which the remedy proved of no avail.

Dr. S. HUDSON said that the use of antiseptics was of interest to him. He had used them, but with not much effect.